

**EPA**

United States  
**Environmental Protection Agency**  
 Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

**Application for Pesticide - Section I**

1. Company/Product Number <b>Atticus, LLC / 91234-89</b>	2. EPA Product Manager <b>Hope Johnson</b>	3. Proposed Classification  <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>Atticus, LLC/ A230.04 [ABN: Alterity 62.5 WG]</b>	5. PM# <b>21</b>	
5. Name and Address of Applicant (Include ZIP Code) <b>Atticus, LLC</b> <b>5000 CentreGreen Way, Suite 100</b> <b>Cary, NC 27513</b>		6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3)(b)(I), my product is similar or identical in composition and labeling to:  EPA Reg. No. - Product Name -
<input type="checkbox"/> Check if this is a new address		

**Section II**


<input type="checkbox"/> Amendment - Explain below.	<input checked="" type="checkbox"/> Final printed label in response to Agency letter dated 09-13-2019
<input type="checkbox"/> Resubmission in response to Agency letter dated XX-XX	<input type="checkbox"/> "Me Too" Application
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

**Notification of Final Printed Label.** Submission of the final printed labeling per the Agency letter dated September 13, 2019.**Kristen.Cianni@atticusllc.com****Section III**

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
* <b>Certification must be submitted</b>		If "Yes" Unit Packaging wgt. No. per Container	If "Yes" Package wgt. No. per Container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 28 oz	5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			

**Section IV**

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Kristen Cianni	Title Regulatory Specialist	Telephone No. (Include Area Code) 984-465-4754
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received <b>(Stamped)</b>
2. Signature 	3. Title Regulatory Specialist	
4. Typed Name: Kristen Cianni	5. Date: September 26, 2019	